POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

Thereby appoint: Practitioners associated with the Customer Number: OR Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used): Name Registration Number Name Registration Number Name Registration Number Number Number Name Registration Number Number Number Registration Number Number Number Number Name Registration Number Numbe	I hereby revoke all previous powers of attorney given in the application identified in the attached statement under							
Practitioners associated with the Customer Number: 24737 OR Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used): Name Registration Number Number Number Number Number Number Name Registration Number Number	0,0	11 3.7 3(0),						
Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used): Name								
Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used): Name			clated wit	h the Customer Number:	247	137		
as altomey(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b). Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to: X			ned below	v (if more than ten patent	practitioners are to be	named, then a cu	stomer number must	be used):
attached to this form in accordance with 37 CFR 3.73(b). Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:			Nam	ie			Name	
attached to this form in accordance with 37 CFR 3.73(b). Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:								
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The address associated with Customer Number: 24737 Firm or Individual Name Address	GIIY GIK	an paretir applica	10015 438	ianea only to the undersid	ined according to the I	JSPTO assignme	nt records or assignm	ent documents
Firm or Individual Name Address City Country Telephone Assignee Name and Address: KONINKLIJKE PHILIPS ELECTRONICS N.V. Groenewoudseweg 1 5621 BA Eindhoven, The Netherlands A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed. Signature Signature Date 14 January 2005 Name Michael E. Marion Title Authorized Representative	Please	change the corre	spondence	address for the applicati	ion identified in the atta	sched statement u	ınder 37 CFR 3.73(b)	to:
Address City State Zip Country Telephone Fax Assignee Name and Address: KONINKLIJKE PHILIPS ELECTRONICS N.V. Groenewoudseweg 1 5621 BA Eindhoven, The Netherlands A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed. Signature Signature Date 14 January 2005 Name Michael E. Marion Telephone (914) 333–9637 Title Authorized Representative	The address associated with Customer Number: 24737							
City Country Telephone Fax Assignee Name and Address: KONINKLIJKE PHILIPS ELECTRONICS N.V. Groenewoudseweg 1 5621 BA Eindhoven, The Netherlands A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed. SIGNATURE of Assignee of Record The dividual whose signature and title is supplied below is authorized to act on behalf of the assignee Signature Date 14 January 2005 Name Michael E. Marion Telephone (914) 333-9637 Title Authorized Representative								
Country Telephone KONINKLIJKE PHILIPS ELECTRONICS N.V. Groenewoudseweg 1 5621 BA Eindhoven, The Netherlands A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed. Signature Signature Date 14 January 2005 Name Michael E. Marion Telephone (914) 333-9637 Title Authorized Representative	Addre	SS						
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Assignee Name and Address: KONINKLIJKE PHILIPS ELECTRONICS N.V. Groenewoudseweg 1 5621 BA Eindhoven, The Netherlands A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed. SIGNATURE of Assignee of Record The dividual whose signature and title is supplied below is authorized to act on behalf of the assignee Signature Date 14 January 2005 Name Michael E. Marion Telephone (914) 333-9637 Title Authorized Representative	Count	ry						
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Signature Date 14 January 2005 Name Michael E. Marion Telephone (914) 333-9637 Title Authorized Representative		The	lividual w	SIGNATI hose signature and title i	URE of Assignee of F s supplied below is au	Record thorized to act on	behalf of the assigne	e
Name Michael E. Marion Telephone (914) 333-9637 Title Authorized Representative	Signatur	e ///	Alla .	16. M	was			
Title Authorized Representative	Name	Michae	1 E.	Marion				
This collection of information is required by 27 OFD 4.24 4.00 - 1.400 Fig. 1.100 Fig. 1	Title				ive			

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER PHNL021396 US

As a below named inventor, I	hereby declare that:				
My residence, post office add	ress and citizenship are as state	ed next to my name.			
(if plural names are listed below	ow) of the subject matter which	name is listed below) or an original, fi is claimed and for which a patent is s specification of which (check only on	ougnt on the		
is attached hereto.					
was filed as United States	application				
Serial No					
on					
and was amended					
on					
Number PCT/IB2003/05002 on 27 November 2003	101/112200/030020				
and was amended under PC	T Article 19				
on (if applicable).					
I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.					
I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).					
I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:					
PRIOR FOREIGN/PCT APPI	LICATION(S) AND ANY PRIOR	ITY CLAIMS UNDER 35 U.S.C. 119:			
COUNTRY	APPLICATION NUMBER	DATE OF FILING DAY, MONTH, YEAR	PRIORITY CLAIMED UNDER 35 USC 119		
Europe	02080526.3	20 December 2002	YES		
Laiopo					
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	Combined Declaration For Patent Application and Power of Attorney (Continued) Attorneys Docket Number PHNL021396 US						
POWI transa	ER OF ATTORNE ct all business in the	Y: As a named inventor Patent and Trademark	, I hereby appoint Office connected	the following attorney(s) and/o therewith. (List name and regis	or agent(s) to stration numb	prosecute this application and er)	
Micha	E. Haken, Reg. No nel E. Marion, Re rd M. Blocker, Re	g. No. 32, 266			Direct Telephone Calls to: (name and telephone number) (914)332-0222		
	FULL NAME OF INVENTOR	FAMILY NAME CLAASSENS		FIRST GIVEN NAME Jacobus		ECOND GIVEN NAME Marinus Maria	
201	RESIDENCE & CITIZENSHIP POST OFFICE	CITY Eindhoven POST OFFICE ADDRESS		STATE OR FOREIGN COUNTRY The Netherlands CITY S		OUNTRY OF CITIZENSHIP THE Netherlands TATE & ZIP CODE/COUNTRY	
	FULL NAME OF INVENTOR FULL NAME EIJSERMANS		16	5656 AA Eindhoven FIRST GIVEN NAME Joseph		The Netherlands ECOND GIVEN NAME Franciscus Raymond	
202	RESIDENCE & CITIZENSHIP	CITY Eindhoven		STATE OR FOREIGN COUNTRY The Netherlands		OUNTRY OF CITIZENSHIP The Netherlands	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Prof. Holstlaan 6		5656 AA Eindhoven		TATE & ZIP CODE/COUNTRY The Netherlands	
·	FULL NAME OF INVENTOR	FAMILY NAME KOHLMANN		FIRST GIVEN NAME Wilfried	L	ECOND GIVEN NAME .udwig	
203	RESIDENCE & CITIZENSHIP	CITY Aldenhoven		STATE OR FOREIGN COUNTRY Germany		OUNTRY OF CITIZENSHIP Sermany	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Heerstrasse 87		D-52457 Aldenhoven		TATE & ZIP CODE/COUNTRY Germany	
to be t	rue: and further that imprisonment, or bo	these statements were i	made with the kno f Title 18 of the Ui	owledge that willful false staten	nents and the	n information and belief are believed like so made are punishable by statements may jeopardize the	
SIGNA	ATURE OF INVENT	OR 201	SIGNATURE O	F INVENTOR 202	SIGN	ATURE OF INVENTOR 203	

U.S. DEPARTMENT OF COMMERCE- Patent and Trademarks Office

DATE

(July 1994)

22 July 2004

22 July 2004

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER PHNL021396 US

As a below named inventor,	I hereby declare that:			
My residence, post office add	dress and citizenship are as stat	ed next to my name.		
(if plural names are listed bel	low) of the subject matter which	name is listed below) or an original, is claimed and for which a patent is specification of which (check only o	sought on the	
is attached hereto.				
was filed as United States	s application			
Serial No				
on				
and was amended				
on				
Was filed as PCT international application Number PCT/IB2003/050026 on 27 November 2003				
and was amended under PC	T Article 19			
on (if applicable).				
I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.				
I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).				
I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:				
PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:				
COUNTRY	APPLICATION NUMBER	DATE OF FILING DAY, MONTH, YEAR	PRIORITY CLAIMED UNDER 35 USC 119	
Europe	02080526.3	20 December 2002	YES	
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(includ	Combined Declaration For Patent Application and Power of Attorney (Continued) Attorneys Docket Number PHNL021396 US						
POWI transac	ER OF ATTORNE ct all business in the	Y: As a named inventor Patent and Trademark	, I hereby appoint Office connected t	the following attorney(s) and/o herewith. (List name and regis	or agent(s) to p stration numbe	rosecute this application and r)	
Jack E. Haken, Reg. No. 26,902 Michael E. Marion, Reg. No. 32, 266 Edward M. Blocker, Reg. No. 30,245 Direct Telephone Calls to: (name and telephone number) (914)332-0222						elephone number) 0222	
	FULL NAME OF INVENTOR	FAMILY NAME		FIRST GIVEN NAME		COND GIVEN NAME arinus Maria	
201	RESIDENCE & CITIZENSHIP	CLAASSENS CITY Eindhoven		STATE OR FOREIGN COUNTRY The Netherlands CITY 5656 AA Eindhoven T		DUNTRY OF CITIZENSHIP ne Netherlands	
	POST OFFICE ADDRESS	POST OFFICE ADDR Prof. Holstlaa				ATE & ZIP CODE/COUNTRY ne Netherlands	
	FULL NAME OF INVENTOR	FAMILY NAME EIJSERMANS		Joseph Fr		COND GIVEN NAME ranciscus Raymond	
202	RESIDENCE & CITIZENSHIP	CITY Eindhoven		The Netherlands T		OUNTRY OF CITIZENSHIP ne Netherlands	
	POST OFFICE ADDRESS	POST OFFICE ADDR Prof. Holstlaa		5656 AA Eindhoven		ATE & ZIP CODE/COUNTRY ne Netherlands	
	FULL NAME OF INVENTOR	FAMILY NAME KOHLMANN		FIRST GIVEN NAME Wilfried		COND GIVEN NAME	
203	RESIDENCE & CITIZENSHIP	CITY Aldenhoven		STATE OR FOREIGN COUNTRY Germany		OUNTRY OF CITIZENSHIP ermany	
	POST OFFICE ADDRESS	POST OFFICE ADDR Heerstrasse 8		D-52457 Aldenhoven		ATE & ZIP CODE/COUNTRY ermany	
to be to	rue: and further that imprisonment, or bo	these statements were	made with the kno f Title 18 of the Un	wledge that willful false staten	nents and the li ch willful false s	information and belief are believed ike so made are punishable by statements may jeopardize the	
SIGNATURE OF INVENTOR 201 SIGNATURE OF INVENTOR 202 SIGNATURE				SIGNA	TURE OF INVENTOR 203		

U.S. DEPARTMENT OF COMMERCE- Patent and Trademarks Office

DATE

30 July 2004

(July 1994)

DATE

DATE

10/539392 JC09 Rec'd PCT/PTO 15 JUN 2005

PTO/SB/96 (08-03)
Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

STATE	MENT UNDER 37 CFR 3.73(b)
Applicant/Patent Owner: Koninklijke Philips Electronic	s N.V.
Application No./Patent No.: Concurrently	Filed/Issue Date: Concurrently
Entitled: HALOGEN INCANDESCENT LAMP	
Koninklijke Philips Electronics N.V. (Name of Assignee)	_, a <u>corporation</u> (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)
states that it is: 1.	rest; or
2. an assignee of less than the entire right, title The extent (by percentage) of its ownership i in the patent application/patent identified above by	nterest is ———— %
A. [] An assignment from the inventor(s) of the pa in the United States Patent and Trademark O attached.	tent application/patent identified above. The assignment was recorded ffice at Reel, Frame, or for which a copy thereof is
OR	
B. [] A chain of title from the inventor(s), of the pat below:	ent application/patent identified above, to the current assignee as shown
1. From: ————————————————————————————————————	To:
The document was recorded in the Ur Reel, Frame	nited States Patent and Trademark Office at, or for which a copy thereof is attached.
The document was recorded in the Ur	To: ited States Patent and Trademark Office at
Reel, Frame	, or for which a copy thereof is attached.
3. From:	To:
The document was recorded in the Ur	nited States Patent and Trademark Office at
Reel, Frame	, or for which a copy thereof is attached.
[] Additional documents in the chain of ti	itle are listed on a supplemental sheet.
[] Copies of assignments or other documents in the [NOTE: A separate copy (i.e., the original assignment be submitted to Assignment Division in accorded in the records of the USPTO. See MF	nment document or a true copy of the original document) coordance with 37 CFR Part 3, if the assignment is to be
The undersigned (whose title is supplied below) is a $6/2/05$	
Date	Frank Keegan, Reg. 50,145
(914) 333-9669	Typed or printed name
Telephone number	Signature
relephone number	Signature
	Corporate Counsel Title

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.